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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL ART ROBINSON FOR CONGRESS | | |] | | |
|---|---------------------------|---------------------------------------|--------------------------------------|--|--|
| ADDRESS (number and street) 2251 DICK GEORGE RD | | | 1 | | |
| CITY, STATE, and ZIP CODE | | | - | | |
| CAVE JUNCTION | OR 97523 | | | | |
| 2. NAME OF CANDIDATE | 3. OFFICE SOUGHT (State a | 3. OFFICE SOUGHT (State and District) | | 4. FEC IDENTIFICATION NUMBER | |
| Dr. ART ROBINSON | House OR | 04 | C00481341 | | |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING | YES, IT AMENDS THE NO | YES, IT AMENDS THE NOTICE FILED ON | | | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, day, year) | Amount | |
| Walter Kendall | Retired | Retired | | | |
| Traiter Heridan | | | 10/25/2014 | 1000.00 | |
| 1211 Tyler St. | | | | | |
| | Transaction ID : F6.41 | Transaction ID: F6.41586 | | | |
| Glendale CA 91205 | Occupation | Occupation | | | |
| Glendale CA 91205 | Retired | | | | |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | Name of Employer | | Amount | |
| Harley Moody | Self | Self | | | |
| | | | 10/25/2014 | 1000.00 | |
| 1920 Baldwin | | | | | |
| | | Transaction ID : F6.41582 | | | |
| Corpus Christi, TX TX 78404 | Occupation Veterinarian | Occupation | | | |
| <u> </u> | vetermanan | | Date (month, | A | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | | Name of Employer | | Amount | |
| Hugh Perrine | Self Employed | | day, year) | | |
| 36422 Comp Crook Pd | | | 10/25/2014 | 1000.00 | |
| 36423 Camp Creek Rd | Transaction ID : E6 44 | Transaction ID : F6.41584 Occupation | | | |
| | | | | | |
| Springfield OR 97478 | Independent Investor | | | | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | · | Name of Employer | | Amount | |
| Richard Smith | | Retired | | | |
| Nichard Similir | Retired | | 10/25/2014 | 1000.00 | |
| 1107 SE N St. | | | 10/23/2014 | 1000.00 | |
| | Transaction ID : F6.41 | 589 | | | |
| | Occupation | | | | |
| Grants Pass OR 97526 | Retired | Retired | | | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, day, year) | Amount | |
| | | | | | |
| | | | | | |
| | Occupation | | | | |
| SIGNATURE (optional) | | ATE | For further infe | ormation contact: | |
| Noah Robinson | [Electronically Filed] | 0/27/2014 | Federal Elect 999 E Street, NW, V | ion Commission Vashington, DC 20463 30, Local 202-694-1100 | |

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